

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-670)						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		6NO.	OEP.
	6NO.	OEP.	6NO.	OEP.	6NO.	OEP.		
1							61	
2							62	
3							63	
4							64	
5							65	
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32							92	
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34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41							TOTAL 6NO.	
42							TOTAL OEP.	
43							TOTAL 6NO.	
44							TOTAL OEP.	
45							TOTAL 6NO.	
46							TOTAL OEP.	
47							TOTAL 6NO.	
48							TOTAL OEP.	
49							TOTAL 6NO.	
50							TOTAL OEP.	
TOTAL 6NO.							TOTAL 6NO.	
TOTAL OEP.	9						TOTAL OEP.	
TOTAL 6NO.							TOTAL 6NO.	
TOTAL OEP.	10						TOTAL OEP.	